

Annual Meeting of the Board of
Governors
of the
International Association for Prevention
of Blindness

MADRID, SPAIN, APRIL 17, 1933

THE INTERNATIONAL ASSOCIATION
FOR PREVENTION OF BLINDNESS
66, Boulevard St. Michel, Paris, France



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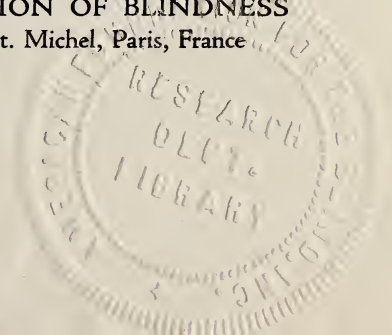


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General Assembly of the International Association for Prevention of Blindness

Monday, April 17, 1933—Madrid

This Assembly was held on Monday, April 17, at the Palace Hotel, Madrid, in the Conference Hall of the XIV International Ophthalmological Congress, under the chairmanship of Dr. Park Lewis, Vice-President of the International Association, assisted by Prof. Marquez, President of the Congress.

Chairman's Introduction

Dr. Park Lewis

I greatly appreciate the honor of addressing you today as Vice-President of the International Association for Prevention of Blindness. I bring you the warm greetings from across the sea of my colleagues in the United States and Canada. Some of you have visited in America and it is with lively pleasure that I recall the generosity with which you have shared your experience gained in your admirable clinics. We still cherish the memory of the friendships formed on that occasion, and I am asked to bear to you, who have already been to see us, the message of our happiness to find again those pleasant contacts and to strengthen the ties which unite us. To the members who have not yet made this long trip I can say that they too are known and appreciated in our country, as they are in their own, for we speak two languages: our own and that of ophthalmology. The latter is universal in that it is understood wherever civilization has penetrated. Science knows no frontiers, and I hope that one day we shall have the pleasure of welcoming you, too, in America.

Our session today, in this fine Spanish capital, filled with famous memories, marks a date in our history. For the first time in the course of four International Congresses the prevention of the causes of blindness is officially recognized as having a relationship with ophthalmology. It has always been evident that if one could penetrate the vast domain of preventive measures, we should be more successful in saving a considerable proportion of human sight; but the difficulties to overcome have seemed insurmountable. It was not only a matter of medical effort, but a social, economic and even political problem. To evade the gravest dangers that threaten the sight of human beings it was necessary to enter and assume control of their private lives. This was not easy to do, and it appeared contrary to our professional code of ethics. However, when it became evident that all over the world newborn babies were becoming blind because simple protective measures that would save their sight were being neglected, it was high time to force action. The splendid results obtained in all the countries of the civilized world by the work for the prevention of ophthalmia of the newborn have shown what one could do against other conditions equally disastrous to sight. Among the diseases which are preventable and which bring in their train serious consequences for the sight, two are the subject of special study by the Concilium Ophthalmologicum: trachoma and glaucoma. We need not speak of them here. They will be discussed in detail at later sessions.

Industrial eye accidents were the subject of a report by Dr. Coutela at a meeting of the International Association, at Paris, in 1931, and the school for partially sighted children was the basis of the discussion at our meeting in 1932.

But there exists still an infectious disease which fills our schools and homes for the blind. Although it is difficult to treat, and is always followed by visual scars when it has developed, it is nevertheless preventable and, when the infection is produced, is as certainly curable as is ophthalmia neonatorum cured by the use of nitrate of silver. I speak of heredo-syphilis and of its sequelae, especially the worst: interstitial keratitis. Reliable statistics tell us that three per cent of all children have syphilis of an hereditary origin, that 78 per cent of those with hereditary syphilis have eye lesions before their thirtieth year, and that 52 per cent of these children are attacked by interstitial keratitis. The fetus is infected about the fourth month of gestation, but the syphilitic woman who is treated by the fifth month of her pregnancy, or sooner, may be assured that her child will escape the malady, since at this period of the child's development treatment is especially effective. Will our efforts not achieve immeasurable results if we obtain for children not yet born the right to

come into the world safe and sound? It is needless to linger upon the possibilities that the task implies.

To take part in so fine a project for humanity will be a task worthy of all our efforts. The entire world is passing through an unprecedented period of distress. Distrust and suspicion reign in the place of kindness and friendship. There is no better way of restoring confidence and reciprocal good will, above all, among those who speak different languages and who live under different conditions, than that which develops ties established in a conference such as this, where we work toward a common humanitarian end. We cannot permit the difficulties which must be met to detract from the splendid task to which our Association is consecrated, for, when the crisis will have been passed, there will remain a great work to be undertaken, and one which an association of this character alone will be prepared to face.

President's Address*

Professor de Lapersonne

The International Association for the Prevention of Blindness was created with the enthusiastic support of 75 ophthalmologists, representing 28 nations, on September 14, 1929, at Scheveningen, on the occasion of the XIII Ophthalmological Congress. Following careful groundwork by a provisional committee for two years, and the very helpful support of the Chairman of the Congress, Prof. Van der Hoeve, and its General Secretary, Dr. Marx, this organization was unanimously approved by the whole Congress at its closing session. Its creation realized a wish long expressed by ophthalmologists in their national and international meetings.

It is for us an agreeable duty, on the occasion of the XIV International Ophthalmological Congress, to trace the progress made since that date. May I express my most grateful thanks to the Spanish Committee and to its Chairman, Prof. Marquez, for their kind hospitality and for the preparation of this meeting, which they have placed as a preface before the important work of the Congress in order to emphasize the universal and highly humanitarian aims of all ophthalmologists?

During its first year of existence the Association had to surmount the difficulties of early organization; the future campaign had to be established on a solid basis. In accordance with your instructions, the Secretariat published the final edition of the *Report on the Prevention of Blind-*

* Read, in the absence of President de Lapersonne, by Dr. Coutela.

ness, including the accounts of the Scheveningen meeting. This report constitutes an important document on which we have constantly based our program and which we still find most helpful. We applied for the support of the important organizations and prominent persons who are, in the different countries, at the head of the campaign against social evils. The Honorary Committee of the Association includes among its members H.R.H. the Duchess de Vendôme, H.R.H. Prince Charles of Sweden, the President of the Central Committee of the French Red Cross; the Hon. John Barton Payne, of the United States, H.E.M. Filippo Cremonesi, of Italy and M. Athanasaki, of Greece.

A world-wide appeal was launched on behalf of the movement we had created, but as the result of comment made by our correspondents and of our own observations, we realized that, in order to be effective, this appeal had to be adapted to the needs and customs of each country. Some nations, for instance, were particularly interested in industrial accidents; in the East, evils which were unknown in Europe were in the foreground. How could such an adaptation be made? By creating in each country, affiliated with the Association, a National Committee for the Prevention of Blindness.

As early as 1930, at our meeting in Brussels, we submitted suggestions on these lines, and before the year was over we were able to announce the creation of the French National Committee for the Prevention of Blindness.

As the result of our appeal addressed not only to our colleagues, the French ophthalmologists, but to public authorities, the French Academy, the University, the Military Authorities, the Red Cross, and the General Insurance Committee, we received a cordial reception, so that the first National Committee of the Association was highly representative. We have since had the pleasure of recording the creation of National Committees in Argentina, Belgium, Brazil, China, Germany, Hungary, Italy, Japan, Mexico, Poland, Portugal, Spain and Switzerland. Some of these committees are already well organized. Recently we were happy to hear that Her Majesty the Queen Elizabeth of Belgium, who is ever ready to help charitable purposes and who takes a special interest in ophthalmology, has been so kind as to grant Her High Patronage to the Belgian Committee. To-day, Prof. Vander Hoeve has announced that Her Majesty the Queen Mother of the Netherlands has kindly agreed to grant Her Most Gracious Patronage to the Dutch Committee.

The organization of National Committees, and their constant and increasing relationship with the central Secretariat, impel us to tighten still further the bonds which bring together the various parts of this organization.

At the end of 1930 the program of the Association could be broadly summarized as follows: (1) Educational propaganda on a large scale; (2) development or creation of new National Committees; (3) measures for the conservation of vision in industry and in the school; (4) the prevention of blindness in tropical countries.

Dr. Cridland, member of our Executive Committee, published in the chief medical periodicals of Great Britain papers on the origin and aims of our Association; various articles appeared in the American press through the initiative of Mr. David Resnick. M. Louis Forest, who had already used his great talent on behalf of noble humanitarian efforts, dedicated to our work a special issue of *l'Animateur des Temps Nouveaux* which met with wide success. Quite recently the Indian Red Cross has edited, on the basis of documents supplied by our Secretariat, an illustrated popular pamphlet on the *Prevention of Blindness in India*. At the Colonial Exhibition in Paris we had an exhibition illustrating various aspects of blindness prevention in the colonies. A few months ago, thanks to M. Viborel, we were able to organize in France a propaganda week during which talks on the conservation of vision, signed by well-known ophthalmologists, were broadcast on the radio and in the daily press.

As regards the prevention of industrial eye accidents, which is admittedly one of the most important problems with which our Association is concerned, we have undertaken a wide inquiry, with the collaboration of the French General Insurance Committees and of a large number of ophthalmologists. This inquiry has yielded interesting results as to the outstanding importance of early medical attention to eye wounds, which had been convincingly demonstrated during the war; the influence on the wounded eye of previous pathological conditions of the lacrymal apparatus or conjunctiva; and the necessity of further research as regards the most efficient measures. At our Annual Meeting of November, 1931, Dr. Coutela, Secretary General of the French Committee, read a very thorough report on the modifications to be introduced in the legislation on industrial accidents, as regards wounds of the eye. As the result of this report the General Assembly expressed themselves in favor of a premium for immediate treatment and urged granting partial temporary disability in view of the extreme frequency of "minor eye injuries" which necessitate very early attention.

From the start we were concerned with a most important question: the conservation of vision among school children and the establishment of special classes for children with defective eyesight. Undoubtedly one of the main objects of our Association for the Prevention of Blindness was to carry on an active campaign in countries where this work was not

so advanced as in others where splendid results had been achieved in this line. Our Secretary General presented a report on the education of children with defective eyesight to the Child Welfare Committee of the League of Nations. With the support of the Prefect of the Seine, we undertook a wide study among the Paris school children; the results confirmed previous observations as to the proportion of children with defective eyesight who need special methods of education. In Italy, on the initiative of the National Committee for the Prevention of Blindness and of its Secretary General, Prof. Maggiore, the Minister of National Education prescribed special methods of eye hygiene in the elementary schools.

Finally, our Annual Meeting of November 19, 1932, was entirely devoted to the study of this important problem; it was a truly international convention where the most qualified experts of both continents submitted the results of their experience.

To establish the campaign against blindness on solid foundations, it is most important to draw up an international classification of the causes of blindness and eye diseases in the order of their frequency which would be unanimously approved. This subject has been an absorbing preoccupation with many of you, as shown in the letters of our correspondents.

To meet the wishes of our eminent colleagues we have inscribed this subject on the agenda of the present meeting. We are convinced that this scientific discussion will give rise to an international agreement which will be most helpful for our cause.

In conclusion I beg to express my sincere gratitude to those who worked with us from the start, who constantly gave us their encouragement and support in spite of the present uncertain conditions. May I mention in the first place the National Society for the Prevention of Blindness which has never ceased to give us the benefit of its valuable advice and of its wide experience, has delegated to all our meetings its best qualified experts; which has generously doubled and more than doubled all contributions collected in Europe? We shall never be able to express adequately to its members our unfailing gratitude. I also beg to express my thanks to the French Ministry of Public Health which, during the last three years, has granted important contributions to our Association; this token of confidence on the part of national officials has been an inestimable encouragement and has enhanced in public opinion the prestige of the French Committee.

Finally, I extend to you all, dear and eminent colleagues, ophthalmologists from all countries, the gratitude of this International Association which you have in a large measure created, to which you have devoted your work, your knowledge and your generous support. It is

to your persevering efforts that our organization will be indebted for the wide development and large scope it deserves in the future. The memory of two masters of ophthalmology, Prof. Fuchs and Prof. Axenfeld, who, from the start, gave us their invaluable support and who were hailed by you as Honorary Members of the Association, will be our example and our inspiration.

Report Presented in the Name of the Executive Committee

Prof. Van Duyse

Mr. President, Ladies and Gentlemen:

In accordance with Article V of our by-laws, the Executive Committee begs to submit to you its proposals as regards the budget of the Association for the year 1933.

The Treasurer's report to the Executive Committee shows that the budgetary figures amounted in 1932 to:

Receipts.....	fr. 56,373.39
Expenses.....	54,051.15
Excess of receipts over expenditures.....	2,322.24

Budget for the year 1933 is as follows:

Receipts.....	fr. 62,648.40
Expenses.....	62,000.00
Excess of receipts over expenditures.....	648.40

These figures are far from being in proportion to the considerable development taken by our work since its foundation, with the encouragement, more moral than concrete, which reaches us from all sides, with the constant requests addressed to us. Therefore we are obliged to make an urgent appeal to the representatives of the 36 nations who have adhered to the International Association for Prevention of Blindness. You will remember that at the meeting of September 14, 1929, the question of subscriptions had been postponed until a later date. To-day such a discussion appears inevitable.

In his report our President has justly insisted on the fine results obtained through the creation of National Committees, which have received the patronage of most eminent personalities. Presently, the delegates of these committees will give you an account of their respective activities and development. We have always thought that the greatest freedom

should be given to each committee as to the promotional measures to be used in each country with a view to securing necessary resources.

But this constantly increasing organization has brought about a closer and growing relationship with the General Secretariat. The latter is intended to act as a center of information for local or National Committees, as well as for the various associations wishing to be brought into contact with us; to prepare assemblies, to make reports; therefore, its activities and financial liabilities have increased in large proportions.

In order to insure its efficient management, the Executive Committee requests you to vote that the National Committees and countries belonging to the Association shall turn over to the General Secretariat an annual contribution of 500 French francs. This purely administrative measure has become indispensable, but it is obvious that in order to attain the great development which our Association deserves, it will be necessary, in spite of present difficulties, to obtain large private or public contributions. We know that we can count on your help and we shall be most grateful for any advice.

The report of the Executive Committee was unanimously adopted.

National Committees

Germany: Prof. Wagenmann

In Germany we have created a German National Committee which works in collaboration with the German Red Cross Society in Berlin, and in close connection with the Ophthalmological Society. We have taken as our aim, and we have started to draw up, accurate statistics of the causes of blindness in Germany. To date we have taken as a basis the census of 1925 in order to arrive at an estimate of the figure of handicapped, including the blind. We hope that at the next census special registration will be made of the blind. We consider as most important the public education undertaken on the occasion of the recent Health Exhibition and carried out in various towns by means of travelling units. We think it is opportune to diffuse among the public accurate notions as regards certain eye diseases, such as glaucoma, etc., in order that the patients may be sent early to a physician. We also endeavor to combat superstitions which prevent patients from applying for medical advice in time. In the prevention of industrial eye accidents we endeavor to secure the collaboration of professional trade unions. The German Insurance Act Against Accidents provides for protective and preventive measures. The most efficient method on behalf of the prevention of blindness seems to us to depend on the best possible training of all ophthalmologists. Finally,

our program includes the maintenance of existing sight-saving schools and the creation of new schools. We hope through this program to help the efforts of the International Association for Prevention of Blindness.

Argentina: Dr. Lijo Pavia

I wish, first of all, to present to this Assembly the warmest regards of the members of the Argentine National Committee, whom I have the great honor to represent amongst you.

In this country of South America which has delegated me to Madrid we follow with the keenest interest and the greatest sympathy this medico-social movement whose creation and development are due to our eminent chief, Prof. de Lapersonne. The work undertaken by the Executive Committee during the last four years has been fruitful, and those members who were so fortunate as to have constituted in 1929 the first Assembly of the Association may be justly proud of the results which have been achieved; thanks to the eminent efforts of Prof. de Lapersonne and his direct collaborators the idea born at Scheveningen has spread to all countries of the world and carried everywhere the highest humanitarian ideals.

I have the honor to speak in the name of South America and although all the countries of that continent have not responded to this philanthropic appeal, yet we are able to show you in Argentina and in Brazil two National Committees organized on the same lines as the International Association. We hope that at the next meeting of the Council the majority of South American countries will have created National Committees.

In Argentina the National Committee has been established at Buenos Aires; so far its program has been confined to the capital, the population of which is roughly 2,300,000 inhabitants.

During this year we intend to meet the problem of the organization of committees in the 14 provinces and in the six states of Argentina, and to lay the foundation for the propaganda and protective measures advocated by the International Association.

The Argentine Committee has to meet the following problems: To develop and intensify popular propaganda against eye diseases and wounds; to promote the campaign against ophthalmia neonatorum by getting the various hospitals to adopt the efficient and harmless method of Cr  d  ; the campaign against trachoma is well organized under the National Public Health Department and needs but the discreet supervision of the Association and its committees. For instance, the Immi-

grants Control Service might be improved by including first and second class passengers.

In Argentina, as in many other countries, we give special attention to the protection of eyesight of the younger generation and I can state that in this respect Argentina is making good progress. In fact, for the past two years the ophthalmological inspection of school children has been established in Buenos Aires and has proved a great help to school medical inspectors. In all districts the general health of school children is closely supervised in order to prevent malnutrition, which is so harmful to eyesight.

Ophthalmological inspection has a twofold aspect: the special ophthalmological center and medico-social prophylaxis. I shall not dwell further on the ophthalmological center, which includes the following services: correction of refraction errors, treatment of internal and external diseases of the eye, diagnosis of degree of disablement.

Prevention activities involve over 300 schools maintained by the State and situated in Buenos Aires. I have distributed in all these schools original visual scales arranged on the basis of an incomplete rectangle (\square) and including only three lines: the highest of which corresponds to a visual acuity of 25/100; the middle one, which corresponds to a visual acuity of 50/100, and the lowest, corresponding to normal vision. In the early part of the academic year health visitors, of whom there are eight per district (there are 20 school districts), go to the various schools and measure the eyesight of new school children; the result is recorded and transmitted to the Central Ophthalmological Inspection Office. In this way my assistants summon in turn, during the year, children whose eyesight is inferior to 50/100 in both eyes, or normal in one eye and less than one-fourth in the other; thus there is every year an average of 18,000 children with obvious visual defects; with the help of my assistants I examine approximately 8,000 children each year for correction of refraction or accommodation errors; the State supplies the glasses free of charge.

For the last four years special attention has been given to young amblyopes who constitute 1.5 per cent of the school population; I have noted this condition in approximately 120 children each year, in the various school districts.

At the end of last year, following the lines laid by the Association, I proposed the establishment in Buenos Aires of four primary sight-saving schools which could admit approximately 30 children and distributed in the ratio of one school for five school districts. The President of the National Education Council has favorably received my request and,

on my return, after acquiring full information on technical details and on the conditions which these schools must fulfil, we shall contemplate the inauguration in Buenos Aires of the first series of these institutions and, in this way, lay an important landmark in the history of the prevention of blindness.

I shall transmit to the Argentine Committee the conclusions of this Assembly and report to you at our next meeting the progress of our work.

Austria: Prof. Fuchs

In the prevention of blindness there are three lines along which progress may be made: the first and greatest is the prevention of ophthalmia neonatorum through Cr  d  's method, the second is the prevention of eye accidents in industrial occupations through the adoption of protective devices; and the third is the control of infectious eye diseases.

With this object in view school medical inspection has lately been established in order to provide for the examination of the eyes of school children who are referred, if necessary, to an oculist. Sight-saving classes also constitute an important step in conservation of vision although they have nothing to do with the actual prevention of blindness.

What is essential as regards the prevention of blindness is popular education on behalf of health and protective measures against diseases and accidents of the eye, chiefly among children. We must follow the lines adopted by dentists and pediatricists in their teaching on behalf of dental hygiene, a campaign so widespread that even common people and peasants take care of their teeth.

I have undertaken in Austria popular education on behalf of the conservation of vision; in 1929 I published in the popular health review, *Mother and Child*, twelve colored pictures with explanations in verse intended for both parents and children; emphasis was laid on protective measures against eye accidents among children and on the importance of early examination and treatment of the eyes. I later loaned these pictures to the travelling exhibition of the Austrian Health Association. This exhibition tours around the country during the summer and stays in small villages for a week. A woman doctor, specialist in health education, gives short lectures on health from morning to night. The exhibition is very popular and attracts many people, being visited during the season by approximately 100,000 persons; each of these visitors takes home useful information. In this way I have been able to diffuse widely my hand-made drawings on the risks which threaten children's eyes, three of which, for instance, illustrate the disastrous consequences of sympathetic ophthalmia.

The following is the educational method which I have personally made use of in Austria: I published in the *Agenda* of the Union of Organizations for the Blind, a paper, "Eye Hygiene Among Children," and I ordered a number of reprints of this paper. For several years these reprints have been distributed in my service of the General Polyclinic in Vienna.

Lately I have devised another method in collaboration with the Red Cross. We intend to publish three leaflets: the first, which applies to the two first years of life, shall be distributed in lying-in clinics and nurseries to parents and nurses. The second, which concerns children aged two to six years, is intended for children's hospitals and kindergartens. The third will include advice as regards children aged six to fourteen and will be circulated in the schools.

I hope in this way to be able to ward off as far as possible the risks which threaten children's eyesight by insisting on the necessity for cleanliness, air and light and an adequate diet, and thus succeed in saving the eyes of numberless children.

Belgium: Prof. van Duyse

I have the pleasure to announce to you that Her Majesty the Queen of the Belgians has kindly consented to be Honorary President of our Committee, which cannot fail to prosper under Her Most Gracious Patronage.

In accordance with the recommendations of the International Association, the Belgian League has taken into consideration the fate of amblyopic children. The establishment of special classes for these children is a necessity; it is beset with serious difficulties in small countries. In fact, while it is relatively easy to gather together a sufficient number of children to set up a class in important centers, this is not the case in small towns and in the country. One solution would be to open a residential school; it is an expensive measure and in the present period of strict economy imposed by the world crisis, it is not easy to get the Government to adopt it.

The League will endeavor to solve this problem. It is encouraging to know that this subject is being examined in some cities of our country. Thanks to the initiative of Prof. H. Coppez, a definite result is in view in Brussels.

The Belgian Ophthalmological Society, after an address by Prof. Weeckers, and on his suggestion, sent a unanimous appeal to the Government requesting that provisions be made for the education of amblyopic children under the best conditions for their eyesight.

The League will endeavor to widen its activities and to follow the fine example given by the leaders of the International Association.

Brazil: Dr. Alvaro

The question of the prevention of blindness in Brazil may be summed up as follows: the latest official statistics on blindness date back to 1920; there were, then, for a population of thirty million inhabitants 29,874 blind (0.975 per cent). The population has since increased and official estimates for 1933 show a population of forty-four million inhabitants. As the rate of blindness has not altered we can infer that the number of blind in Brazil amounts approximately to 43,000.

Statistical data make no distinction between the causes of blindness, and accurate statistics will be hard to get in a country as large as ours, with eight and a half million square kilometers, a scattered population and difficult communications. Only through the organization of regional committees throughout the country will it be possible to know the exact situation; and the adoption of an official classification of the causes of blindness (on the lines suggested by Prof. Marquez) will make this task easier and its results more certain.

But in order to contend against the causes of blindness it is useful, if not indispensable, to know the exact rate of the various causes. On the basis of statistics drawn up in the Blind Institutes of Rio, São Paulo and Bello Horizonte, we observe that the causes of blindness are approximately the same in Brazil as elsewhere.

Accidents do not play the same part in our country as they do in other countries whose industrial development is further advanced. On the other hand, ophthalmia neonatorum and trachoma are responsible for a larger proportion of blindness.

The activities of the Brazilian Committee may be thus summarized:

1. Creation and organization of regional committees; in order that the work of the Association should be fruitful it is indispensable to diffuse widely its ideas, and the establishment of regional committees is especially needed in a country as large as ours. We have already set up twelve regional committees and we are about to see the creation of a much larger number. In their constitution the leadership is preferably given to an ophthalmologist, but outstanding laymen are admitted.

2. Organization of an Honorary Committee made up of persons of social prominence to whom a circular was addressed requesting them to lend their support to the Association, although such support need not necessarily be financial. We intend in the future to get people who have granted their patronage to our organization to contribute voluntarily to its budget in order to meet the increasing expenses. So far the only resources of the Brazilian Committee have been personal contributions from its members.

3. Propaganda on behalf of the prevention of blindness by means of radio talks, of publicity in the daily press, of lectures to scientific societies, Rotary Clubs (to reach all classes), etc.

4. Campaign against ophthalmia neonatorum; we have approached the Government in order to obtain the compulsory use of Cr  d  's method. A decree to this effect will be issued shortly. But this decree is not sufficient; intensive and continuous propaganda must be associated with it. Instructions are published in papers with a large circulation and in reviews, with appropriate illustrations; nurses and midwives are requested to spread the advantages of prophylaxis and the importance of immediate attention should the disease develop in spite of this precaution. The State has already started to distribute free wax ampules containing a silver nitrate solution.

5. Protection of the eyesight of the younger generation through the creation of sight-saving classes for children with defective vision. As the idea is new and the subject but little known here, it is necessary to publish articles on this question in the daily press in order to draw the attention of the public to the advantages of these classes. We intend to visit straightaway schools of this type in Switzerland, Germany, England, etc., in order to be well acquainted with their organization. In the city of S  o Paulo, with a population of one million inhabitants, it will be necessary to establish over 30 of these classes.

6. Prevention of accidents. The Brazilian law already grants temporary partial disability in all accident cases. The treatment of wounds of the eye, even when they are benign, is thus insured. We have requested the Government to impose severe taxes on dangerous industries, to provide for protective devices on machines; to make compulsory the use of goggles for working men, a measure which in fact is already applied. Through educational propaganda among workmen, illustrated posters, instructions, etc., we hope to gain the co-operation of insurance societies who, like ourselves, are interested in the prevention of accidents. We have endeavored to make the heads of industries realize the advantages of preventive methods. To this end we have published articles in the *Review of the Institute of Rationalized Labor*.

7. We have given particular attention to the problem of lighting in workshops. Lighting conditions are in our country as everywhere else rather defective. The Public Health Acts insure a minimum of natural lighting by regulating the size of windows, and thanks to our latitude, we get a good many hours of sunlight, even in winter. But artificial lighting is in general defective, insufficient and badly distributed. We are endeavoring to improve this situation: The Institute of Rationalized

Labor, in agreement with the Commercial Association and with the Federation of Industries, has undertaken, under our direction and with our technical collaboration, an inquiry into lighting conditions in workshops and has proposed the necessary modifications. We have also published articles showing the advantages of good lighting not only from the standpoint of the conservation of vision, but as a factor in improving the worker's output.

8. Trachoma is endemic in many parts of Brazil. It is a chronic disease with a slow course, which in most cases does not prevent the patient from working. Special divisions should be established in farms, factories and schools for trachoma cases. Workers would not be compelled to interrupt their work but would be obliged to seek treatment and would remain comparatively isolated until they were no longer infectious. It will be the task of regional committees to provide for the organization of the campaign against trachoma and to establish, with the help of private individuals and municipal administrations, treatment centers. The Government has promised to help our organization not only in the campaign against trachoma but in the work of the prevention of blindness in general.

9. A number of eye diseases may act as causes of blindness when they are not treated in time. It is most important to provide for everyone the possibility of getting treatment in specialized clinics. There must be, therefore, a sufficient number of ophthalmological centers. These centers must be organized and equipped on modern lines and provided with a social service unit as in America. There are a number of patients with rather severe disabilities who attend the clinic once or twice and are then lost sight of. From the standpoint of the prevention of blindness it is not enough to have an adequate number of ophthalmological clinics, they must be provided with a social service unit. Nurses entrusted with this task must visit patients suffering from dangerous diseases, in their homes, encourage and advise them, explain to them their true situation, etc. Unfortunately, there is so far no social service organization in connection with our clinics. We intend to modify this state of affairs as soon as possible. We also intend to provide for the creation of an adequate number of modern ophthalmological centers. With this end in view, and in order to promote the study of ophthalmology by training new oculists, we have arranged that the Ophthalmological Society of São Paulo should establish post-graduate courses in ophthalmology; the first course of this kind will be given this year under the patronage of the Faculty of Medicine and of the hospitals of São Paulo.

The examination of eye patients by opticians, who, at best, may pre-

scribe passable glasses and often fail to recognize diseases which might be cured if treated early, is a subject of great preoccupation. Such examinations are legally forbidden in this country but it is better to insure the execution of this act through voluntary and efficient arrangements. We have organized a corporation of opticians who, of their own accord, abstain from making refraction examinations, just like the admirable Guild of Prescription Opticians of America.

More detailed reference to our work can be found in the *Revista de Ophthalmologia de São Paulo*, which published an account of our activities.

Bulgaria: Prof. Pascheff

In Bulgaria the campaign against blindness is yet in the organization stage. Two societies are dealing with it: the Bulgarian Ophthalmological Society and the Society for the Welfare of the Blind placed under the High Patronage of H.R.H. Princess Eudoxia of Bulgaria.

Our action is limited for the time being to popular education as to the causes and prevention of blindness. In this connection I edited last year a book on *The Problems of Blindness* and, this year, I have issued a periodical entitled *The Ophthalmological Review* in collaboration with the Bulgarian Ophthalmological Society and the Society for the Welfare of the Blind. This review will appear three times a year; the medico-social edition is devoted to the campaign against blindness. The following subjects will be dealt with: the hygiene of the eye, the prevention of blindness, the campaign against social diseases, the campaign against trachoma, wounds of the eye and social measures on behalf of the blind and of the partially sighted.

Hungary: Prof. de Grosz

I have the honor to announce that a National Committee has been created in Hungary; unfortunately, the financial crisis has hampered its development. You know that in order to wage war, financial resources are indispensable. The campaign against blindness means war!

In spite of these difficulties we have carried on the campaign against trachoma. An Act against Trachoma was issued as early as 1886. A sight-saving school will shortly be opened at Budapest. The teaching of ophthalmology is compulsory in our four Universities during two periods of six months, with an average of seven and one-half hours per week.

We shall endeavor to follow the example given by the National Committees of Belgium and Holland and to secure the co-operation of the Government, the authorities and prominent people. We had to cover long

distances in order to take part in this important session, but it was well worth it. In striving against blindness we strive against misfortune and we bring happiness to the suffering.

Italy: Prof. Maggiore *

The Minister of National Education, the Hon. Professor Ercole, had joined the Italian Committee for the Prevention of Blindness and had promised all his help in educational and prophylactic measures in the schools:

1. The new edition of the national book for elementary schools will include instructions intended to draw the child's attention to the necessity of protecting the eyesight against the dangers which threaten it.

2. The training curriculum of teachers for elementary schools will include the chief measures concerning eye hygiene among school children.

3. A special commission will be appointed to study the establishment in Italy of modern schools for partially sighted children.

Netherlands: Prof. Van der Hoeve

I am happy to report to you that we have laid the foundations for the organization of a National Dutch Society for the Prevention of Blindness which will represent the Netherlands and the Dutch East Indies in both Asia and America. Prof. Leeman will be our chairman, Dr. Marx our treasurer and Dr. Belder our secretary.

H.M. the Queen Mother of the Netherlands has been so good as to grant us Her Most Gracious Patronage; H.R.H. the Princess Royal will be our Honorary President.

As soon as our Committee is organized it will apply for admission to the International Association.

You will allow me to express a wish that all National Committees shall respond to the appeal of the Executive Committee and vote a subscription on behalf of the International Association for Prevention of Blindness, to enable it to carry on its fine and promising work.

Poland: Dr. Zachert

At the suggestion of the Executive Committee of the International Association for Prevention of Blindness a provisional National Committee was organized in Poland in 1930. This Committee was initiated by the Ophthalmological Society in co-operation with the Association for the Welfare of the Blind (La Farre).

* Because of the illness of Prof. Maggiore, the Italian Committee's report was presented by Prof. Ovio, official delegate of the Italian Ministry of Health.

As blindness is due in most cases to neglect or to lack of early attention, we started by developing ophthalmological centers in the provinces and by training provincial practitioners in ophthalmological first-aid measures. The Department of Public Health, Ministry of Social Insurance, granted its full support to the Committee. The Committee's activities include the organization of the campaign against trachoma. There are actually 350 trachoma dispensaries distributed chiefly in the provinces; they act at the same time as ophthalmological first-aid centers and play a most useful part in the prevention of blindness. Besides dispensaries there are two travelling units for localities in which there is no permanent center.

Post-graduate courses on trachoma and social ophthalmology have been organized for provincial medical practitioners. Four hundred doctors are actually attending these courses. A quarterly review on trachoma and social ophthalmology, including articles and documents on the prevention of blindness, has been published for the past two years.

In view of the great importance of sight-saving schools the Committee addressed to the Ministry of Education suggestions for detecting partially sighted children and for the organization in large cities of special schools or classes for these children. Owing to unfavorable economic conditions we have been able to establish only one sight-saving school.

The Committee is also studying the question of standardized lighting in the workshop and at home, which is most important from a prophylactic standpoint.

We hope that improved economic conditions will enable us to develop our activities.

Portugal: Dr. Moutinho

As a member of the International Association I wish to mention briefly what has been accomplished in Portugal in the field of the prevention of blindness.

Two years ago, in response to an invitation of Prof. de Lapersonne, we organized the Portuguese League for the Prevention of Blindness in order to take part in the most important humanitarian work of the International Association.

We requested His Excellency the President of the Republic kindly to consent to be Honorary Chairman of our organization, while ministers, professors and eminent representatives of the press, industry and trade have become Honorary Members.

In 1878, the rate of blindness in Portugal amounted to 20 blind per 10,000 population. At the last census, in 1930, this figure has decreased to 10 per 10,000 inhabitants, a figure which is still too high.

This 50 per cent decline in half a century is due to a stricter application of public health legislation (Jennerian vaccination, compulsory notification of contagious diseases, etc.), to improvements in the teaching of ophthalmology in medical schools, and to the establishment of ophthalmological centers in certain cities.

Popular education on the lines indicated by the International Association for Prevention of Blindness would be most valuable.

We have been considering making use of the set-up of "Misericordias," charitable institutions for the welfare of destitute patients, created in the XV century by the Queen Dona Leonor, established in all cities and villages and administered by outstanding members of the community; some of these institutions are subsidized by the State. We thought it might be advisable to use "Misericordias" as educational agents for the prevention of blindness as their aims were in this respect the same as ours.

According to the statistics drawn up in 1931, the ratio of industrial eye accidents among the causes of blindness amounts to 7 per cent. The rate of blindness due to trachoma is 5 per cent. Blindness due to smallpox and to ophthalmia neonatorum has not altogether disappeared.

May I add, gentlemen, that the Portuguese approve unreservedly the work carried on by the International Association for Prevention of Blindness and although we had no official delegate at the first meeting of the Association at The Hague, you may always rely on our constant collaboration.

Roumania: Dr. Pandelescu

Dr. Pandelescu announced the creation of a Roumanian Committee of the International Association for Prevention of Blindness.

Switzerland: Dr. Kenel

In all spheres—treatment of ophthalmia neonatorum, preventive measures against industrial eye accidents, medical inspection of the eyesight of school children, creation of sight-saving classes—the organization of a prevention of blindness program in Switzerland was complete.

As to the budget of the Association Switzerland will endeavor to respond to the wish expressed by Prof. van Duyse in the name of the Executive Committee.

Classification of the Causes of Blindness

Need of a Sound Classification of the Causes of Blindness

Prof. Marquez (Spain)

At the Assembly of November 14, 1931, in Paris, I proposed that at our next meeting in Madrid in 1933 we should come to an agreement on the classification of the causes of blindness.

I must say, to start with, that the following remarks apply to practical blindness and not to absolute blindness. From a standpoint of etiology one must remember that there are often different causes for the loss of each eye, while in other cases the cause of blindness is the same for both eyes. Therefore one must not speak of blind cases but of eyes deprived of sight. Finally one must take into consideration monocular blindness in its relationship to the causes of blindness.

In my opinion these causes are not viewed from a methodical angle; one ought to establish a classification based at the same time on the lesions which are directly responsible for blindness and on the diseases giving rise to these lesions and which therefore indirectly cause blindness.

Lesions destroy vision in two ways: (a) by interrupting the visual act on its physical path, in altering the transparency of ocular media (we do not consider here remediable refraction errors), or (b) by altering either the retina, optic nerve, leading channels or optical centers on their path from the retina to the brain.

Diseases, on the contrary, may affect not only the visual apparatus but also its annexa or neighboring organs, such as the orbit, sinus, etc., or any other part of the organism; they may also be generalized: infections, intoxications.

We have drawn a synoptic picture which might be completed or modified by our colleagues and the outline of which I give here:

VERTICAL CLASSIFICATION—LESIONS

A. *Globe as a whole*

- Anophthalmus
- Cryptophthalmus
- Cyclopia
- Atrophy
- Traumatic destruction
- Enucleation stump
- Buphthalmus

B. *Cornea*

- Simple leucoma
- Adherent leucoma
- Staphyloma
- Non-cicatricial opacities
- Xerosis
- Pannus
- Others

- | | |
|--|--|
| C. <i>Anterior chamber</i> | |
| D. <i>Iris and pupil</i> | { Exudates
Remnants of pupillary membrane
Acorea |
| E. <i>Crystalline lens</i> | { Complicated congenital cataract
Complicated acquired cataract
Secondary inoperable cataract |
| F. <i>Vitreous body</i> | { Parasites
Persisting exudates
Various opacities |
| G. <i>Chorio-retina</i> | { Coloboma
Metastatic choroiditis
Atrophic patches
Sarcoma
Various forms of chorio-retinitis |
| H. <i>Retina</i> | { Arterial obstruction
Venous obstruction
Hemorrhage
External (coats) exudative retinitis
Other retinitis
Pigmentary degeneration
Detachment of the retina
Glioma |
| I. <i>Optic nerve</i> | { Simple atrophy
Post-neuritic atrophy
Atrophy following papillary stasis
Other forms of atrophy
Coloboma |
| J. <i>Without visible
ophthalmoscopic lesions
or without known
lesions</i> | { Retro-bulbar
Chiasmatic
Adhesions
Optic radiations
Cortical centers
Blindness due to anemia
Other causes |

HORIZONTAL CLASSIFICATION—DISEASES

- | | |
|---|--|
| I. <i>Globe as a whole</i> | { Congenital
Glaucoma
Sympathetic ophthalmia
Malignant myopia
Other refraction defects |
| | { Traumatism { Foreign bodies
Contusion
Explosion
Accidental wounds
Operations |
| II. <i>Affections of the
various parts of the eye</i> | { Cornea { Suppurative keratitis
Neuro-paralytic keratitis
Other forms of keratitis |
| | { Conjunctiva { Trachoma
Purulent ophthalmia
Other forms |
| | { Others |
| III. <i>Eyelids</i> | { Trichiasis
Lagophthalmus |

IV. <i>Lacrymal glands</i>	Muco-purulent dacryocystitis
V. <i>Orbit</i>	<ul style="list-style-type: none"> { Tumors of optic nerve { Sarcoma { Thrombo-phlebitis { Cellulitis
VI. <i>Periorbital sinus</i>	<ul style="list-style-type: none"> { Maxillary { Sphenoidal { Ethmoidal cells { Frontal { Others
VII. <i>Nervous system</i>	<ul style="list-style-type: none"> { Intracranial hypertension { Cranial traumatism { Meningitis { General paralysis { Tabes dorsalis { Others
VIII. <i>Urinary apparatus</i>	<ul style="list-style-type: none"> { Excretory apparatus { Nephritis
IX. <i>Circulation</i>	<ul style="list-style-type: none"> { Cardiac { Embolism { Hemorrhage { Arterial hypertension { Others
X. <i>Blood</i>	<ul style="list-style-type: none"> { Various types of anemia { Loss of blood
XI. <i>Nutrition and internal secretions</i>	<ul style="list-style-type: none"> { Diabetes { Other forms
XII. <i>Intoxications</i>	<ul style="list-style-type: none"> { Alcohol and tobacco { Drugs { Others
XIII. <i>Infections</i>	<ul style="list-style-type: none"> Chronic <ul style="list-style-type: none"> { Syphilis { Tuberculosis { Leprosy { Others Acute <ul style="list-style-type: none"> { Diphtheria { Measles { Scarlet fever { Smallpox { Influenza { Others
XIV. <i>Parasites</i>	<ul style="list-style-type: none"> { Hydatid diseases { Cysticercosis { Others
XV. <i>Heredity</i>	
XVI. <i>Not classified</i>	
XVII. <i>Undetermined.</i>	

With this system it is always possible to classify a case of blindness by placing it at the intersection of the horizontal and vertical divisions, or vice versa. For instance, a leucoma will be under both "B" (lesion of the cornea) and, if it is the result of keratitis or a hypopyon, under "II" (Diseases of the various parts of the eye: Cornea). Another example:

an optic nerve atrophy due to a lesion of the optic nerve will come under "I." If it is the result of glaucoma, it will be noted under "I," disease of the globe as a whole. If, on the contrary, the optic nerve atrophy is the result of tabes dorsalis affection of the nervous system, it will come under "VII" and so on.

Needless to say, cases must be classified according to their most important characteristics. There are cases in which the lesion is known while the original disease is unknown and vice versa. Such a case must be included, on the one hand, in one of the columns designated under divers or undetermined or with no known lesion. . . . and, on the other hand, under that which corresponds to the lesion or disease which is known. For instance: a simple optic nerve atrophy will be placed at the intersection of the corresponding horizontal line with the XVII vertical column: undetermined.

In this way I believe one may be able in future to obtain a more logical classification of the causes of blindness. This is the first condition to fulfil if one wishes to draw useful conclusions as regards prevention and treatment.

Discussion

DR. COUTELA, Secretary General of the French Committee of the Association, asked for a definition of blindness. In France an individual is held to be blind when the sight in both eyes equals zero and when he is unable to find his way and to work. If the vision in each eye equals $1/20$ he is not considered as blind.

DR. MAZINY (Egypt): The causes of blindness in Egypt form a very important section of the yearly report of the Ophthalmic Hospitals of Egypt, published and distributed to all the ophthalmic centers and eminent men of the world by the Public Health Department.

This report includes statistics of blindness on the lines of the "Vertical Classification or Lesion System" of Prof. Marquez.

I have gone thoroughly into the résumé of Prof. Marquez's excellent paper on this subject, which is a very valuable and efficient document, worthy of great consideration. However, his "Horizontal Classification" according to diseases seems to be of secondary importance; it usually figures in our reports in the list of diseases which can be referred to if necessary.

The causes of blindness in Egypt are mainly acute ophthalmias and their complications. They form more than 75 per cent of the total causes and of this proportion about 45 per cent are due to the gonococcal

conjunctivitis. Although trachoma is so widely spread in Egypt, yet it forms a very small percentage of the direct causes of blindness although, admittedly, it is the most flagrant cause of defective vision amongst the population.

The government of Egypt is responsible for the prevention of blindness work, which is organized on a large scale by means of the present system of ophthalmic hospitals which number over 50 throughout Egypt and in which over 150 doctors are constantly employed. In order to give you an idea of the importance of this work, I should like to mention that these hospitals provide for the examination of over half a million cases and for the treatment of over five million outpatient cases every year. These hospitals also provide for prophylaxis and educational propaganda amongst the population.

It was through the efforts of these hospitals for more than a quarter of a century that the percentage of blindness amongst the cases attending them has dropped from about 18 per cent to about 7 per cent at present.

We hope by our efforts to reduce this figure still further.

DR. PARK LEWIS (United States of America): A report on the Classification of the Causes of Blindness submitted by the National Society for the Prevention of Blindness on behalf of the Committee on Statistics of the Blind ended with the following conclusions:

1. There appears to be general agreement that sound statistical data are greatly needed in all countries and that it is desirable to bring about international standardization in the classification of such data.
2. The Committee on Statistics of the Blind, a voluntary group which has been working on this problem in the United States, presents for consideration as a possible basis for standardization its proposed classification of the causes of blindness.
3. The classification calls for a complete etiologic and topographic classification of causes.
4. The plan is in general agreement with both the approved Standard Nomenclature of Disease adopted in the United States and the classification of the causes of blindness in certain European countries.
5. The classification is capable of expansion to suit the needs of all groups.

DR. M. E. ALVARO (Brazil) suggested that a list be drawn up indicating the minimum visual acuity necessary for each profession, taking into account the fact that the degree of vision indispensable for a given calling is not the same as for others.

PROF. PASCHEFF (Bulgaria) thought that the classification of the causes of blindness raised several problems, three of which were of the greatest importance from a national or international standpoint.

The first was the definition of blindness. This term of blindness actually applies to absolute blindness. We must define the notion of practical (or professional) blindness and divulge it in order to obtain accurate statistics.

The second problem deals with the technique of the detection of the blind. This technique must be international. In this way we may be able to obtain scientific statistics on the number of the blind in each country.

The speaker mentioned the work carried out in this connection in Great Britain, the only country, in his opinion, in which the question had been thoroughly investigated.

The third problem was that of the classification of the causes of blindness. One had to decide what basis would be chosen for this classification: the etiological basis or the basis of anatomico-pathological localization, or both?

These are, in a few words, the most urgent problems which a commission dealing with these subjects ought to investigate.

DR. LEOZ (Spain) pointed out the impossibility of solving, during such a brief discussion, such important questions. It was impossible to come to an agreement within such short notice on the definition and classification of the causes of blindness and, still less, on the conditions which an individual must fulfil in order to be considered blind.

There were great divergencies of opinion among the various speakers; taking into consideration the classification of Prof. Marquez, the speaker suggested the appointment of an international commission which would collect and study the various criteria and suggestions which might be submitted.

The Certification of Blindness *

N. Bishop Harman, M.A., M.B. Cantab., F.R.C.S. Eng.

In Great Britain certification of blindness is required under three Acts of Parliament: Education, Blind Persons and Old Age Pensions. For these purposes Parliament has given definitions of what it means by blindness. For educational purposes blindness means "too blind to read

* Read by Dr. Coutela.

the ordinary school books used by children." For the Blind Persons and Old Age Pensions Acts, blindness means "so blind as to be unable to perform any work for which eyesight is essential." The words in these two definitions differ, but in effect they have the same meaning. In both the reference is to incapacity to see to work.

There are some who do not recognize that it is the only definition that a legislature could put into its Acts. However, it is clear from cases such as those which the certifying ophthalmic surgeon has to consider that no formula will serve, but only the statutory reference to work. That judgment must be arrived at by those able to ascertain the facts of the alleged blind person's sight and to apply them to the everyday requirements of work.

One of the main objections to the statutory definitions is due to difficulties that occasionally arise when children leave the schools for the blind. It is stated that a child may possibly, at the end of school life and when ready for training in some special occupation, be found not to be a blind person within the meaning of the Act. That this does happen is true. The fault, however, does not lie with the statutory definition, but arises (1) from the nature of the case; (2) from faulty application of the definition.

1. The certification of blindness in children can rarely be final. It should always be regarded as provisional and subject to revision. Children in blind schools should be periodically examined by an ophthalmic surgeon, and their status determined. It is astonishing how the sight of some of these children will improve with time. It is this improvement that gives rise to difficulties if re-examination be neglected.

2. In parts of the country where there is no full provision for children with defective sight, and no choice between the elementary school and the blind school, it is inevitable that border-line cases will be drafted into the blind schools. The cure for this trouble, which is a real hardship to the child, is the establishment of myope or sight-saving classes. In these classes the border-line cases can get sighted teaching fitted to their condition and their visual capacity can be satisfactorily observed by teachers and doctors over a sufficient period of time.

The elaborate form of certificates which are too often advocated may be contrasted with the simplicity of Form R.M. 14 of the English Ministry of Health for "Appeal Cases—Blindness." This form has only four parts: (1) a line for diagnosis; (2) a space, measuring twenty square inches, in which to give the facts of the case; (3) a space for the insertion of the words "IS" or "IS NOT" in the declaration of blindness; (4) a space, of twenty square inches, in which the certifier must give the reasons for

his opinion. There is no doubt that this simple form is in every way suitable for the purpose in view.

A model form of certificate must be short; it must be designed to secure the maximum of matters of fact and a minimum of hearsay. Each question must be self-contained, and there must be no footnotes. I submit such a form. Appended thereto is a list of causes of blindness. The form is based upon one that has been in use for many years by the London County Council, the largest statutory authority in the British Empire and probably in the world. I have modified it to meet present needs. The list of causes of blindness is the shortest I can devise with the idea of prevention in view. I believe it will enable us to get all the information that we can expect to get. I may add that this new form of certificate, with the appended list, has now been adopted as the official form by the London County Council and some other English County Councils.

Certificate Relating to Blindness

I hereby certify that I have examined.....
aged.....of.....

and find that his/her vision is as follows:

Without glasses:

With glasses:

R.V.

L.V.

Field of vision (when acuity is above 3/60):

- (a) Full
- (b) Moderate contraction
- (c) Marked contraction

(Please strike out definition not appropriate)

Nature of Visual Defects.....

DIAGNOSIS (Use terms in list printed on back of form).....

- (1) I am of opinion that.....is.....
 so blind as to be unable to perform any work for which eye-
 sight is essential within the meaning of the Blind Persons
 Act, 1920. (Note: this disability refers to any work and
 not to his or her own occupation; and it must be distinct
 from any other disability of mind or body).

- (2) If the person is a child under 16.
- (a) Is it blind within the meaning of Section 69 of the Education Act, 1921, namely, "too blind to be able to read the ordinary school books used by children," so that it can only be appropriately taught in a special school or class for blind children? (The answer should be Yes or No).....
- (b) Has the child such bad vision that it cannot read ordinary school books without risk of injury to its eyesight or that it cannot with advantage be taught in an elementary school and should therefore be taught in a special school or class such as a myope or sight-saving class? (The answer should be Yes or No).....

PROGNOSIS (To be answered if possible, Yes or No.)

- (3) If the person is a child under 16, do you consider it likely that the child will be blind within the meaning of the Blind Persons Act, 1920, on attaining the age of 16?.....
- (4) If the person is 16 years of age or over and not at present blind within the meaning of the Blind Persons Act, 1920, do you consider it likely that the person will become blind within the meaning of the Act during the next 4 years?.....

Date.....

Signed.....

(Registered Medical Practitioner)

Qualifications.....

Address.....

Categories of Causes of Blindness.—

Congenital defects or disorders.

Myopia and sequelae

Inflammatory diseases and sequelae:

Ophthalmia neonatorum*

Purulent conjunctivitis of later years*

Trachoma

Superficial keratitis

Interstitial keratitis*

Iritis and irido-cyclitis*

Choroiditis*

Optic neuritis*

Tumors or malignant disease:

Ocular

Intra-cranial*

Degenerations and vascular diseases:

Retinitis

Retinitis pigmentosa

Central senile choroiditis

Glaucoma

Cataract

Accidents or toxic effects, and their sequelae:

Casual

Industrial

War

Cause unknown

* (If possible, note whether due to V.D. or not.)

Discussion

DR. A. J. BALLANTYNE (Glasgow): I should like to support and emphasize the plea of Pascheff that the causes of blindness should be classified according to a uniform method, which should take account of etiology as well as of the anatomical situation of the lesion responsible for the blindness.

I should also like to point out that the statement issued by Mr. Bishop Harman, giving a scheme of classification which has been adopted by the London County Council does not indicate the present position of this question in the British Isles.

A scheme of certification and classification of the blind was established for Glasgow and the Southwest of Scotland two years ago, based on investigations by the late Dr. Freeland Fergus, and the scheme which is now in operation owes its existence largely to the work of Dr. John Marshall in conjunction with the medical staff of the Public Health Department of Glasgow which is responsible for the registration and welfare of the blind in Glasgow and the Southwestern Counties of Scotland.

The features of the scheme are: (1) That every applicant for any of the benefits to which the blind are entitled—including education, occupational training, blind pensions, etc.—must be referred to the same center or clinic and examined by a board of two oculists, provision being made for appeal from their decision; (2) there is very complete documentation of primary and secondary causes of blindness, the clinical condition, the health history, luetic tests and other valuable data; and (3) the information thus obtained is recorded by the Holerith Card System of Indexing,

by which it is possible to obtain a great variety of statistical information with the greatest ease at any time.

The form of certification and classification is more elaborate and detailed than that suggested by Mr. Bishop Harman, but seems better calculated to present the facts regarding the causes of blindness in a really useful form, and should enable the problem of blindness to be considered as a whole from childhood to old age, providing for possible future developments in the prevention and amelioration of blindness.

This scheme has worked well in Glasgow and has now been extended to Scotland as a whole, where four centers are now in existence. It has also been under the consideration of the Ministry of Health for adoption in England, and this has been supported by the Council of the Ophthalmological Society of the United Kingdom, the Council of British Ophthalmologists and other important organizations concerned with the problem of blindness in the British Isles.

DR. MARX (Netherlands): One of the first problems in the campaign against blindness consists in finding out how blindness, such as we know it, may be classified in connection with its causes.

Statisticians have understood the necessity of a good nomenclature and we therefore have at our disposal excellent statistics. However, one thing is still lacking and this disadvantage is felt in practice: namely, the designation of the diseased part (or parts) of the eye which are responsible for blindness. With a view to a prompt orientation we personally use a simple method, susceptible of giving us an immediate indication: (1) on the cause of blindness; (2) on the part (or parts) of the eye which are affected by that cause of blindness. The causes of blindness are designated by the capital letters A to Z. The sections of the eye which may be the seat of a disease causing blindness are designated by Arabic figures.

We have ourselves drawn up the following lists, which are quite simple:

- | | |
|-------------------------|--|
| A. Congenital anomalies | H. General diseases |
| B. Refraction anomalies | I. Diseases of the brain |
| C. Inflammations | J. Specific diseases of the eye |
| D. Nutritional errors | K. Diseases of the nose, sinuses, mouth
and teeth |
| E. Neoplasms | L. Unknown |
| F. Intoxications | |
| G. Degenerations | |

As regards parts of the eye which might be the seat of diseases susceptible of causing blindness they may be thus summarized:

- | | |
|--------------------------|------------------|
| 1. Eyelids | 6. Vitreous body |
| 2. Conjunctiva | 7. Choroid |
| 3. Cornea and sclera | 8. Retina |
| 4. Iris and ciliary body | 9. Optic nerve |
| 5. Crystalline lens | 10. Orbit |

Consequently, blindness following upon pigmentary retinitis will be labelled 8 G, and blindness following upon an infection of the conjunctiva and cornea resulting from trachoma, by 2, 3 C.

However, this classification entails, as regards some diseases, minor difficulties which can be overcome.

A committee must find out whether this simple method can be adopted and how it might be modified eventually for general use.

PROF. MARQUEZ proposed that an international commission be appointed in order to examine the problems raised by the classification of blindness and to present a report at the next meeting of the Association in 1934.

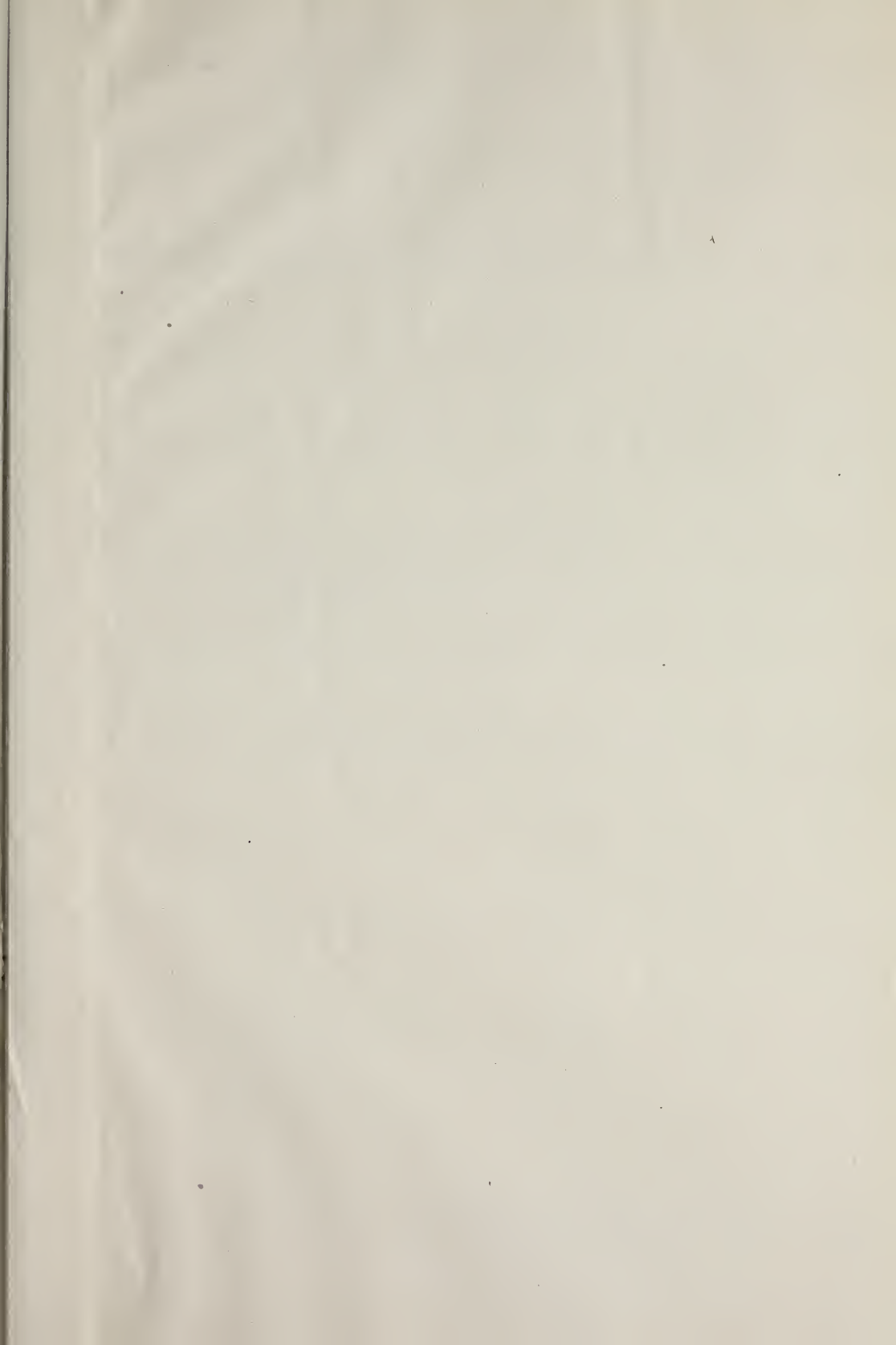
PROF. VAN DUYSE, in the name of the Executive Committee, proposed that this Commission be constituted as follows: Dr. Maziny, Egypt; Prof. de Lapersonne, France; Mr. Bishop Harman, Great Britain; Dr. Marx, Netherlands; Prof. Marquez, Spain; Dr. Park Lewis, United States.

The speaker explained that the object of this Commission would be to examine without haste and impartially the problems raised during the discussion.

DR. MARX proposed that the name of Prof. van Duyse be added to the list submitted to the Assembly.

The Meeting adjourned at 12 o'clock noon.





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